



Bldg.549

WILSON INFORMATION SERVICES CORPORATION



APPLICATION FORM FOR EMPLOYMENT

(PLEASE PRINT – ALL SECTIONS OF APPLICATION MUST BE COMPLETED IN FULL)

PERSONAL

NAME: _____
LAST FIRST MIDDLE (FORMER NAME)

ADDRESS: _____

PHONE NUMBER: () _____ SOCIAL SECURITY NUMBER: _____

BASE PAY PREFERRED: _____

POSITION APPLYING FOR (must indicate a current opening): _____

AVAILABILITY DATE: _____ FULL TIME _____ A.M. _____

PART TIME _____ P.M. _____

TEMPORARY _____ SUMMER ONLY _____

IF UNDER 18 YEARS OF AGE, GIVE DATE OF BIRTH: _____

EDUCATION

	INSTITUTION AND LOCATION	MAJOR AND MINOR FIELDS OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA	GRADE POINT AVERAGE OR RANK	IF NO DEGREE, NO. OF CREDITS RECEIVED
HIGH SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/>			
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>			
GRADUATE SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/>			
OTHER				YES <input type="checkbox"/> NO <input type="checkbox"/>			

PROFESSIONAL LICENSES, CERTIFICATIONS: _____

HONORS, HONOR SOCIETIES, AND PROFESSIONAL SOCIETIES: _____

INDICATE YOUR SPECIFIC SKILLS RELATED TO POSSIBLE EMPLOYMENT (INCLUDING PC, SOFTWARE, OPERATION OF EQUIPMENT,
KNOWLEDGE OF A FOREIGN LANGUAGE, ETC.): _____

All NCI Frederick contractors are equal opportunity employers and maintain affirmative action programs. In this regard, we do not discriminate against applicants on the basis of race, color, religion, national origin, sex, age, marital status, disability, or veteran status. Information sought in this application is not intended for, nor will it be used for, such discrimination.

EMPLOYMENT INFORMATION

LIST ALL EMPLOYMENT IN CHRONOLOGICAL ORDER (**CURRENT POSITION FIRST**) AND ACCOUNT FOR ANY PERIODS OF UNEMPLOYMENT. PLEASE NOTE THAT A RESUME MAY BE SUBSTITUTED FOR "DESCRIPTION OF WORK" ONLY. (THIS SECTION MUST BE COMPLETED.)

_____ DATES (MO/YR)	_____ FROM	_____ TO	_____ TITLE
_____ COMPANY			_____ DESCRIPTION OF WORK
_____ STREET ADDRESS			_____
_____ CITY/STATE/ZIP			_____
_____ ENDING SALARY			_____ REASON FOR LEAVING
_____ STARTING SALARY			
_____ HOURS WORKED PER WEEK			
_____ SUPERVISOR/PHONE NO.			_____
MAY THE COMPANY CONTACT YOUR SUPERVISOR? YES _____ NO _____ EXPLAIN _____			

_____ DATES (MO/YR)	_____ FROM	_____ TO	_____ TITLE
_____ COMPANY			_____ DESCRIPTION OF WORK
_____ STREET ADDRESS			_____
_____ CITY/STATE/ZIP			_____
_____ ENDING SALARY			_____ REASON FOR LEAVING
_____ STARTING SALARY			
_____ HOURS WORKED PER WEEK			
_____ SUPERVISOR/PHONE NO.			_____

_____ DATES (MO/YR)	_____ FROM	_____ TO	_____ TITLE
_____ COMPANY			_____ DESCRIPTION OF WORK
_____ STREET ADDRESS			_____
_____ CITY/STATE/ZIP			_____
_____ ENDING SALARY			_____ REASON FOR LEAVING
_____ STARTING SALARY			
_____ HOURS WORKED PER WEEK			
_____ SUPERVISOR/PHONE NO.			_____

_____ DATES (MO/YR)	_____ FROM	_____ TO	_____ TITLE
_____ COMPANY			_____ DESCRIPTION OF WORK
_____ STREET ADDRESS			_____
_____ CITY/STATE/ZIP			_____
_____ ENDING SALARY			_____ REASON FOR LEAVING
_____ STARTING SALARY			
_____ HOURS WORKED PER WEEK			
_____ SUPERVISOR/PHONE NO.			_____

NOTE: For additional work history, please attach a separate sheet of paper.

EMPLOYER _____
ADDRESS _____
TITLE _____
DATES (MO/YR) FROM TO

EMPLOYER _____
ADDRESS _____
TITLE _____
DATES (MO/YR) FROM TO

PROFESSIONAL REFERENCES

LIST THREE INDIVIDUALS WHO KNOW YOUR EXPERIENCE AND CAPABILITIES

NAME	POSITION/ORGANIZATION	ADDRESS/PHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION

NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY

LIST THE NAME, RELATIONSHIP AND ORGANIZATION OF ANY RELATIVE WORKING FOR THE U.S. GOVERNMENT OR ANY NCI FREDERICK CONTRACTOR.

WERE YOU PREVIOUSLY EMPLOYED BY THE U.S. GOVERNMENT?

CIVILIAN PERSONNEL: _____ FROM _____ TO _____ BRANCH _____ GRADE _____

MILITARY SERVICE: _____ FROM _____ TO _____ BRANCH _____ RANK _____

WERE YOU PREVIOUSLY EMPLOYED AT NCI FREDERICK? _____ DATES: _____

HOW WERE YOU REFERRED TO NCI FREDERICK? _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? YES _____ NO _____

IF YOU HAVE BEEN CONVICTED OF A FELONY PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.

Conviction of a felony will not automatically disqualify anyone from employment. Each case is evaluated on an individual basis and reviewed in terms of the nature of the crime, when it occurred and the position sought.

"I hereby certify that the answers given by me to the foregoing questions and statements made are true. I understand that any misrepresentation or omission of facts is sufficient grounds for rejection of this application or dismissal from employment should I be employed. To verify information contained in this application, I authorize the prospective employer to proceed with any necessary and appropriate investigations, including past employers. In the event of my employment at NCI-Frederick I will comply with all rules and policies set forth by my employer at any time. I understand that, if hired, employment is not guaranteed for any definite period of time, there is no contract of employment, and the relationship is entirely employment-at-will."

SIGNATURE OF APPLICANT

DATE

"I understand that the NIH, pursuant to the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT ACT) Act of 2001, requires all Contractor employees working at NCI-Frederick to successfully pass a background check. I hereby authorize WISCO to release my full name, social security number and citizenship status/country of origin to officials at NIH for the purpose of conducting a background check."

SIGNATURE OF APPLICANT

DATE

"I hereby authorize the prospective employer to conduct a pre-employment background screening, based on a Consumer Report from outside agencies called Consumer Reporting Agencies (CRA), governed by the Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 et seq., with the understanding that the prospective employer will use the information obtained for employment purposes only and that I will be notified in the event that an adverse action is taken against me based in whole or in part on the contents of the Consumer Report."

SIGNATURE OF APPLICANT

DATE

**Mail or fax completed form to:
Susie Culler, Administrative Coordinator
NCI-Frederick, Scientific Library, Bldg. 549**

**NATIONAL CANCER INSTITUTE AT FREDERICK
SCIENTIFIC LIBRARY, BLDG. 549
P.O. BOX B, FREDERICK, MARYLAND 21702-1201
Phone: (301) 846-1093 Fax: (301) 846-6332
<http://www-library.ncifcrf.gov>**